

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/561819 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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7						
8						
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10						
11						
12						
13						
14			1			
15				1		
16					1	
17						1
18					1	
19						1
20						
21			1			
22					1	
23						1
24					1	
25						1
26					1	
27						1
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29					1	
30						1
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38						1
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40						1
41					1	
42						1
43					1	
44						1
45					1	
46						1
47					1	
48						1
49					1	
50						1
TOTAL IND.			7	8		
TOTAL DEP.			13	14		
TOTAL CLAIMS			20	22		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						